

FINANCIAL AFFIDAVIT

CJA 23

IN SUPPORT OF REQUEST FOR ATTORNEY, EXPERT OR OTHER COURT SERVICES WITHOUT PAYMENT OF FEE

REV. 1/90

IN UNITED STATES
IN THE CASE OF☐ MAGISTRATE ☐ DISTRICT ☐ APPEALS COURT or ☐ OTHER PANEL (Specify below)

FOR

LOCATION NUMBER

VS.

AT

PERSON REPRESENTED (Show your full name)

- 1 ☐ Defendant—Adult
2 ☐ Defendant—Juvenile
3 ☐ Appellant
4 ☐ Probation Violator
5 ☐ Parole Violator
6 ☐ Habeas Petitioner
7 ☐ 2255 Petitioner
8 ☐ Material Witness
9 ☐ Other (Specify) _____

DCCKET NUMBERS

Magistrate

District Court

Court of Appeals

CHARGE/OFFENSE (describe if applicable & check box →)

- ☐ Felony
☐ Misdemeanor

ANSWERS TO QUESTIONS REGARDING ABILITY TO PAY

EMPLOYMENT

Are you now employed? ☐ Yes ☐ No ☐ Am Self Employed

Name and address of employer: _____

IF YES, how much do you earn per month? \$ _____ IF NO, give month and year of last employment
How much did you earn per month \$ _____If married is your Spouse employed? ☐ Yes ☐ NoIF YES, how much does your Spouse earn per month \$ _____ If a minor under age 21, what is your Parents or
Guardian's approximate monthly income \$ _____

OTHER INCOME

Have you received within the past 12 months any income from a business, profession or other form of self-employment, or in the form of rent payments, interest, dividends, retirement or annuity payments, or other sources? ☐ Yes ☐ No

RECEIVED

SOURCES

IF YES, GIVE THE AMOUNT

RECEIVED & IDENTIFY \$

THE SOURCES

CASH

Have you any cash on hand or money in savings or checking account ☐ Yes ☐ No IF YES, state total amount \$ _____

PROPERTY

Do you own any real estate, stocks, bonds, notes, automobiles, or other valuable property (excluding ordinary household furnishings and clothing)? ☐ Yes ☐ No

VALUE

DESCRIPTION

IF YES, GIVE VALUE AND \$
DESCRIBE IT

DEPENDENTS

MARITAL STATUS

☐ SINGLE☐ MARRIED☐ WIDOWED☐ SEPARATED OR
DIVORCEDTotal
No. of
Dependents

List persons you actually support and your relationship to them

OBLIGATIONS & DEBTS

DEBTS & MONTHLY BILLS

(LIST ALL CREDITORS, INCLUDING BANKS, LOAN COMPANIES, CHARGE ACCOUNTS, ETC.)

APARTMENT
OR HOME:

Creditors

Total Debt

Monthly Payt.

\$ _____ \$ _____

\$ _____ \$ _____

\$ _____ \$ _____

\$ _____ \$ _____

I certify the above to be correct.

SIGNATURE OF DEFENDANT
(OR PERSON REPRESENTED)**WARNING:** A FALSE OR DISHONEST ANSWER TO A QUESTION IN THIS AFFIDAVIT MAY BE PUNISHABLE BY FINE OR IMPRISONMENT, OR BOTH.